

United States Environmental Protection Agency  
Washington, DC 20460

## Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## For Official Use Only

Comments

C  
C

Installation's EPA ID Number

Approved

Date Received  
(yr. mo. day)C  
F

D D 144446572 T/A C 1

86 1 21

EPA  
93

## I. Name of Installation

GETTY

## II. Installation Mailing Address

Street or P.O. Box

C  
3

86 DOREMUS

City or Town

State

ZIP Code

C  
4

NEWARK

NJ

07105

## III. Location of Installation

Street or Route Number

C  
5

86 DOREMUS AVE

City or Town

State

ZIP Code

C  
6

NEWARK

NJ

07105

## IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C  
2

IVAN JANOVSKY

201 344 7860

## V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C  
R

PETRO PT GETTY TERM

P

## VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

## B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

## VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

## VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

## IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

|                            |  |  |  |  |  |  |  |  |  |  |  |     |   |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|-----|---|
| ID - For Official Use Only |  |  |  |  |  |  |  |  |  |  |  |     |   |
| C                          |  |  |  |  |  |  |  |  |  |  |  | T/A | C |
| W                          |  |  |  |  |  |  |  |  |  |  |  |     | 1 |

# X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

|              |              |   |    |    |    |
|--------------|--------------|---|----|----|----|
| 1<br>D 0 0 1 | 2<br>F 0 0 2 | 3 | 4  | 5  | 6  |
| 7            | 8            | 9 | 10 | 11 | 12 |

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 43 | 44 | 45 | 46 | 47 | 48 |

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

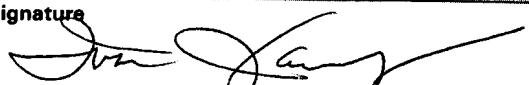
|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
|----|----|----|----|----|----|

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

- ☒ 1. Ignitable (D001)
 ☐ 2. Corrosive (D002)
 ☐ 3. Reactive (D003)
 ☐ 4. Toxic (D000)

## XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|  |  |                         |
|--|--|-------------------------|
| Signature<br> | Name and Official Title (type or print)<br>IVAN JANOVSKY | Date Signed<br>6 NOV 86 |
|--|--|-------------------------|





**A. Hazardous Wastes from Nonspecific Sources:** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

**B. Hazardous Wastes from Specific Sources:** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Use additional sheets if necessary.

**D. Listed Infectious Wastes.** Enter the four-digit number 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

E. Characteristics of Nonlisted Hazardous Wastes. Mark **X** in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

## XI. Certification

Signature \_\_\_\_\_

Name and Official Title (type or print)

Date Signed \_\_\_\_\_

**Estimated burden:** Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions; searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

04/18/94

14:03

GETTY ENG NEWARK → 1 609 587 7908

001

04/18/94 12:52

1 609 587 7908

GTI - NEW JERSEY

003/003

|                       |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|
| For Official Use Only |  |  |  |  |  |  |  |  |  |  |  |
| CE                    |  |  |  |  |  |  |  |  |  |  |  |
| WE                    |  |  |  |  |  |  |  |  |  |  |  |

**A. Description of Hazardous Wastes (continued from front)**

|   |  |  |  |    |  |  |  |    |  |  |  |
|---|--|--|--|----|--|--|--|----|--|--|--|
| A. Hazardous Wastes from Non-Specific Sources |  |  |  |    |  |  |  |    |  |  |  |
| 1   |  |  |  | 2  |  |  |  | 3  |  |  |  |
| 4   |  |  |  | 5  |  |  |  | 6  |  |  |  |
| 7   |  |  |  | 8  |  |  |  | 9  |  |  |  |
| 10  |  |  |  | 11 |  |  |  | 12 |  |  |  |
| 13  |  |  |  | 14 |  |  |  | 15 |  |  |  |
| 16  |  |  |  | 17 |  |  |  | 18 |  |  |  |

**B. Hazardous Wastes from Specific Sources (continued from front)**

|   |  |  |  |    |  |  |  |    |  |  |  |
|---|--|--|--|----|--|--|--|----|--|--|--|
| B. Hazardous Wastes from Specific Sources |  |  |  |    |  |  |  |    |  |  |  |
| 19  |  |  |  | 20 |  |  |  | 21 |  |  |  |
| 22  |  |  |  | 23 |  |  |  | 24 |  |  |  |
| 25  |  |  |  | 26 |  |  |  | 27 |  |  |  |
| 28  |  |  |  | 29 |  |  |  | 30 |  |  |  |
| 31  |  |  |  | 32 |  |  |  | 33 |  |  |  |
| 34  |  |  |  | 35 |  |  |  | 36 |  |  |  |
| 37  |  |  |  | 38 |  |  |  | 39 |  |  |  |
| 40  |  |  |  | 41 |  |  |  | 42 |  |  |  |
| 43  |  |  |  | 44 |  |  |  | 45 |  |  |  |
| 46  |  |  |  | 47 |  |  |  | 48 |  |  |  |

**C. Commercial Chemical Products (continued from front)**

|                                 |  |  |  |    |  |  |  |    |  |  |  |
|---------------------------------|--|--|--|----|--|--|--|----|--|--|--|
| C. Commercial Chemical Products |  |  |  |    |  |  |  |    |  |  |  |
| 49                              |  |  |  | 50 |  |  |  | 51 |  |  |  |
| 52                              |  |  |  | 53 |  |  |  | 54 |  |  |  |
| 55                              |  |  |  | 56 |  |  |  | 57 |  |  |  |
| 58                              |  |  |  | 59 |  |  |  | 60 |  |  |  |
| 61                              |  |  |  | 62 |  |  |  | 63 |  |  |  |
| 64                              |  |  |  | 65 |  |  |  | 66 |  |  |  |
| 67                              |  |  |  | 68 |  |  |  | 69 |  |  |  |
| 70                              |  |  |  | 71 |  |  |  | 72 |  |  |  |
| 73                              |  |  |  | 74 |  |  |  | 75 |  |  |  |
| 76                              |  |  |  | 77 |  |  |  | 78 |  |  |  |

**D. Listed Infectious Wastes (continued from front)**

|                             |  |  |  |    |  |  |  |    |  |  |  |
|-----------------------------|--|--|--|----|--|--|--|----|--|--|--|
| D. Listed Infectious Wastes |  |  |  |    |  |  |  |    |  |  |  |
| 79                          |  |  |  | 80 |  |  |  | 81 |  |  |  |
| 82                          |  |  |  | 83 |  |  |  | 84 |  |  |  |

**E. Characteristics of Nonlisted Hazardous Wastes (continued from front)**

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
| E. Characteristics of Nonlisted Hazardous Wastes   |  |  |  |  |  |  |  |  |  |  |  |
| 1. Ignitable (D001) <input checked="" type="checkbox"/> 2. Corrosive (D002) <input type="checkbox"/> 3. Reactive (D003) <input type="checkbox"/> 4. Toxic (D004) <input checked="" type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |

**XL Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

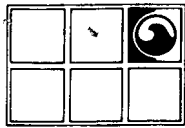
Date Signed

DALE HOLDEN

REG. ENG.

4-18-94

Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.



**GROUNDWATER  
TECHNOLOGY®**

Groundwater Technology, Inc.  
310 Horizon Center Drive, Trenton, NJ 08691 USA  
(609) 587-0300 Fax (609) 587-7908

# Letter of Transmittal

|                                      |          |
|--------------------------------------|----------|
| DATE<br><b>4.18.94</b>               | W.O. NO. |
| ATTENTION                            |          |
| RE: <b>GENERATOR ID #</b>            |          |
| <b>FOR THE GETTY SERVICE STATION</b> |          |
| <b>IN ENGLEWOOD, NJ</b>              |          |
|                                      |          |
|                                      |          |
|                                      |          |

TO **USEPA - REGION II**  
**PERMITS Administration Branch**  
**26 FEDERAL PLAZA, Room 505**  
**NEW YORK, New York 10278**

GENTLEMEN:

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via \_\_\_\_\_ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ \_\_\_\_\_

| COPIES   | DATE           | NO. | DESCRIPTION         |
|----------|----------------|-----|---------------------|
| <b>1</b> | <b>4.18.94</b> |     | <b>Form 0700-12</b> |
|          |                |     |                     |
|          |                |     |                     |
|          |                |     |                     |
|          |                |     |                     |
|          |                |     |                     |
|          |                |     |                     |
|          |                |     |                     |
|          |                |     |                     |
|          |                |     |                     |

THESE ARE TRANSMITTED as checked below:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> For approval     | <input type="checkbox"/> Approved as submitted            | <input type="checkbox"/> Resubmit _____ copies for approval   |
| <input type="checkbox"/> For your use                | <input type="checkbox"/> Approved as noted                | <input type="checkbox"/> Submit _____ copies for distribution |
| <input type="checkbox"/> As requested                | <input type="checkbox"/> Returned for corrections         | <input type="checkbox"/> Return _____ corrected prints        |
| <input type="checkbox"/> For review and comment      | <input type="checkbox"/> _____                            |   |
| <input type="checkbox"/> FOR BIDS DUE _____ 19 _____ | <input type="checkbox"/> PRINTS RETURNED AFTER LOAN TO US |   |

REMARKS

**DEAR SIR/MADAM**

**PLEASE ACCEPT THE ENCLOSED APPLICATION FOR A  
GENERATOR ID # AT THE REFERENCED FACILITY. DUE TO A LACK  
OF TIME I HAVE ENCLOSED A FAXED COPY OF THE GENERATOR'S  
SIGNATURE ALONG WITH THE ORIGINAL EPA FORM. WE ARE  
CURRENTLY SCHEDULED TO HAVE WASTES REMOVED FROM THIS  
SITE LATER THIS WEEK AND APPRECIATE YOUR IMMEDIATE  
ATTENTION TO THIS MATTER**

**THANK YOU**

**JEFF KOZIANOWSKI**

COPY TO \_\_\_\_\_

SIGNED: \_\_\_\_\_

**PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. THE ATTACHED COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE CERTIFICATION SECTION.**

Date: 5/6/94

Facility Name: Little Rock Station 54852

**YOUR NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS NOT PROCESSED DUE TO THE FOLLOWING:**

- I) \_\_\_ You have submitted a Subsequent Notification form.  
Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter.
- II) \_\_\_ Name of Installation is incomplete.
- III) \_\_\_ Location of Installation is insufficient.  
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- IV) \_\_\_ Installation Mailing Address is incomplete.
- V) \_\_\_ Installation Contact is incomplete.  
Please provide the contact person's name, job title, and phone number.
- VI) \_\_\_ Installation Contact Address is Incomplete.
- VII) \_\_\_ Ownership information is incomplete.
- VIII) \_\_\_ Type of Regulated Waste Activity -- Hazardous Waste:  
1. \_\_\_ Generator status is incomplete.
2. \_\_\_ Mode of Transportation has been indicated. However, Box a or b under Transporter has not been marked. Please indicate purpose of transporter activity in Box a or b. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.
3. \_\_\_ Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
- IX) \_\_\_ Description of Regulated Wastes is incomplete.  
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- X) \_\_\_ Certification is insufficient.  
Please provide an original signature in the Certification section.  
Agents/Consultants cannot sign. Please see the instructions for completing the form for those authorized to sign the certification.

(over,)

XI) \_\_\_\_\_ is the existing EPA Identification Number for your company, at the location you have specified. To update information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the changes in the **COMMENTS SECTION (Part XI) of the form, or in a separate letter.** Please re-sign the form with an original signature in the Certification area. **FAILURE TO PROPERLY COMPLETE THE NOTIFICATION FORM 8700-12 MAY RESULT IN MISIDENTIFICATION OF THE GENERATOR OR TRANSPORTER TO AN INTERESTED PARTY.**

XII) ☒ Please use the enclosed, current Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

XIII) \_\_\_\_\_ Our records indicate that an EPA ID No. has already been assigned to an other facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to \_\_\_\_\_

\_\_\_\_\_ The above named installation is in the same building/complex. Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

\_\_\_\_\_ The above named installation is the current owner of the property. List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

\_\_\_\_\_ The above named installation is registered as the previous owner of the property or prior business. List the above named company's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

\_\_\_\_\_ The above named installation is the previous operator at this location.

\_\_\_\_\_ Other. Please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_